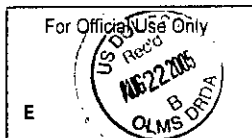


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="9970"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2004"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2004"/>
3. Name and address of person filing. Name <input type="text" value="Mary"/> <input type="text" value="E"/> <input type="text" value="Davidson"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="7407 Stagecoach Lane"/> City <input type="text" value="San Antonio"/> State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="78227"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="Laborers' Local Union # 1095"/> Labor Organization File Number <input type="text" value="067-850"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="8546 Broadway Suite # 107"/> City <input type="text" value="San Antonio"/> State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="78217"/>
5. Position in labor organization. <input type="text" value="Business Manager"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Mary E. Davidson

On

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name OVSS LECET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 25 Century Blvd. Suite # 305

City Nashville

State Tennessee ZIP Code + 4 73214

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name OVSS LECET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 25 Century Blvd. Suite # 305

City Nashville

State Tennessee ZIP Code + 4 73214

11.a. Nature of such dealing.

OVSS LECET sponsored dinners and meetings for employers, members and interested parties relating to job, employer jobs and health and training issues.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

On 11/11/04 Ms. Davidson received a meal equaling \$45.95. Ms. Davidson holds no ownership, interest and has not received any income from OVSS LECET.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004 Through: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004
3. Name and address of person filing. Name <input type="text"/> Mary <input type="text"/> E <input type="text"/> Davidson P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 7407 Stagecoach Lane City <input type="text"/> San Antonio State <input type="text"/> Texas ZIP Code + 4 <input type="text"/> 78227	4. Name, file number, and address of labor organization. Name <input type="text"/> Laborers' Local Union # 1095 Labor Organization File Number <input type="text"/> 067-850 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 8546 Broadway Suite # 107 City <input type="text"/> San Antonio State <input type="text"/> Texas ZIP Code + 4 <input type="text"/> 78217
5. Position in labor organization. <input type="text"/> Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Mary E Davidson

On

08/11/2005

Date

(210) 805-8326

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SCETT
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 905 - 16th Street N W
City Washington, DC
State District of Columbia ZIP Code + 4 20006

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SCETT
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 905 - 16th Street N W
City Washington, DC
State District of Columbia ZIP Code + 4 20006

11.a. Nature of such dealing.

SCETT sponsored dinners and meetings for employers, members and interested parties relating to job, employer jobs and health and training issues.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

On 12/02/04 Ms. Davidson received a meal equaling \$34.52. Ms. Davidson holds no ownership, interest and has not received any income from SCETT.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

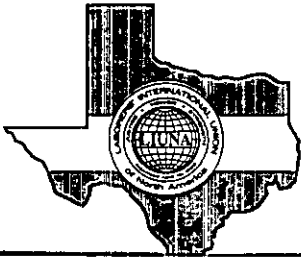
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



Laborers' Local #1095 Laborers International Union of N.A.

August 12, 2005

I am re-sending this
LM-30 Form, because
the 1st one mailed 8/12/05 is
did not have my
Signature.

SORRY.

Mary E. Davidson



E. Davidson, Laborers' Local Union #1095
Number 067-850

Officer and Employee Report LM-30 for the 2004 reporting
reviewed all of my available 2004 records as well as my
estimate for the value of the benefit received.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so; I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Respectfully,

Mary E. Davidson

Mary E. Davidson